



March 7, 2022

Re: Written Testimony in Favor of Senate Bill 262, An Act Concerning a Study of Homemaker-Companion Agency Issues with modifications

Dear Members of the Aging Committee,

I am here to offer written testimony in support of Senate Bill 262, An Act Concerning a Study of Homemaker-Companion Agency Issues with modifications. The Bill proposes to assemble a task force to study issues concerning homemaker-companion agencies, including but not limited to: (1) Whether any changes are necessary in qualification and registration criteria for such agencies, (2) the system for resolving complaints about such agencies and whether such system is adequate, (3) training and recruitment methods of such agencies and whether any changes are needed in such methods, (4) any requirements for contracts between such agencies and clients that may be necessary to safeguard clients, (5) public awareness and education strategies that may be needed to ensure clients can locate and choose agencies providing quality services, and (6) best practices nation-wide to ensure quality services by such agencies. The task force is asked to issue a report no later than January 1, 2023.

I serve as the Chair of the Commission on Aging for the Town of Greenwich, Connecticut, and as Co-Chair of the Town of Greenwich Age and Dementia Friendly Initiative. Additionally, I am an Adjunct Assistant Professor in the Department of Healthcare Policy and Management at the Columbia University School of Public Health and own both a CMS rated 5-star certified home health care agency and a companion and homemaker agency in Greenwich, Connecticut, as well as a licensed home health care services agency in Westchester County, New York. Taking care of older adults throughout the continuum of care is something I am both passionate about and involved in on a daily basis in my professional, academic, and volunteer life.

For many years, the State of Connecticut has lagged behind the rest of the nation in having a coherent, well-structured system for caring for older adults to allow them to age successfully in their homes and communities. In my view, it would be a missed opportunity from a public health perspective if this study solely focused on companion-homemaker agencies and did not address the bigger issue of how older adults should be cared for in their homes. In the State of Connecticut, companion and homemaker agencies providing care for private clients can only do so in a limited manner related to the tasks they can perform and without truly professional supervision based upon how the current statute is written and has been interpreted by the Department of Consumer Protection (DCP). Dementia care is prohibited by the DCP who has taken the position (which in my professional judgment is incorrect) that Dementia is a medical diagnosis requiring care from medical home health care personnel rather a syndrome caused by an underlying disease that manifests itself in the deterioration of cognitive function as classified by the World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/dementia>



leading to behaviors that can be managed by trained companions and homemakers to keep the client safe. The Department of Social Services (DSS) allows for Personal Care Attendants (PCA) who can provide a slightly broader scope of services and have standardized training (including Dementia training). PCAs are often supplied by companion-homemaker agencies but only to DSS clients under their Medicaid waiver program for the elderly. Home health agencies can provide home health aides. Still, because the State of Connecticut has only a handful of home health aides schools, most home health aides in Connecticut are Certified Nurses Aides competency tested and converted to home health aides by certified home health agencies leading to a relatively small pool of home health aides that can take care of clients in the home on a private pay basis.

The antiquated and disjointed Connecticut system to care for older adults in the home should be revisited as part of this study to develop a modern coherent, workable solution for providing older adults in our state with high-quality long-term care in their homes. There are a number of models that can be looked at as part of this study that can achieve enhanced quality outcomes for older adults. However, to do so in a well-researched and thoughtful manner is a project that will take at least one year to complete from when the members of this special study are selected and commence their work.

Sincerely,

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